

REQUEST FOR LICENSE CERTIFICATION

1800 37M-800 (NEW 12/05)

I hereby request certification of license or registration status for the following Marriage and Family Therapist (MFT), Interns (IMF), Licensed Clinical Social Workers (LCS), Associates (ASW), and/or Licensed Educational Psychologists (LEP). A Certification of License will include current license status, any disciplinary action taken against the license, and renewal information.

\$25 FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

REQUESTER

NAME: _____

COMPANY/BUSINESS: _____

ADDRESS: _____

PHONE: _____

FAX: _____

For Office Use Only:

Cashiering Number: _____

LICENSE/REGISTRANT NAME: _____ LICENSE OR REGISTRATION # _____

This certification is provided in good faith. If the fee does not clear the financial institution, this certification is considered invalid and the licensee will be notified immediately.